Long-term lamivudine therapy in hepatitis B-associated membranous nephropathy?

Kidney International (2006) **69,** 776. doi:10.1038/sj.ki.5000171;
published online 18 January 2006

To the Editor: With the article by Tang *et al.*,[1] recently published in *Kidney International*, we anticipate that the lamivudine-resistant mutation and hepatitis flares will occur in their patients with hepatitis B virus-associated membranous nephropathy under further long-term lamivudine treatment. Although, hepatitis B virus variants with mutations at the YMDD motif of DNA polymerase have not been observed in their cohort, the proportion of patients with a documented lamivudine-resistant mutation increased from 23% in year 1 to 65% in year 5 was reported by Chayama *et al.*[2] and Lok *et al.*[3]

In Tang *et al.*'s study, there were one (8.3%), three (25%), seven (58.3%), and one (8.3%) of 12 control patients with hepatitis B virus-associated membranous nephropathy did not receive lamivudine treatment went into partial remission, complete remission, no remission, and end-stage renal disease at 12 months, respectively. There was no patient with remission at 12 months went to end-stage renal disease by 3 years of follow-up. It implicated that the renal function would be conserved when patient's proteinuria declined into remission status. Therefore, long-term lamivudine treatment for patients with hepatitis B virus-associated membranous nephropathy after initial remission suggested by Tang *et al.*[1] may not be reasonable. Although the optimal duration of treatment and the criteria for stopping treatment have not been established, maintenance of lamivudine therapy for 4–6 months following chemotherapy was suggested.[4] We would like to reinforce the point that one of three (33.3%) patients with hepatitis B virus-associated membranous nephropathy would go to remission status at 12 months under supportive treatment in Tang *et al.*'s study.[1] Therefore, long-term lamivudine treatment should only be focused on patients with no remission instead of the patients with remission at 12 months.

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